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OF COMMER PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Cotumn 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR HUNGER FILED NUMBER EXTRA RATE FEE RATE ÆE Ø7 CFR 1.16(a)) TOTAL CLAUS OR Ø7 CFR 1.16(4) missa 20 a X S PROEPENDENT CLAMS PT OFR 1.10(M) OR toinus 3 a OR MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.18(0) OR " If the difference in column 1 is less than zero, entar "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY SMALL ENTITY CLAMS HIGHEST REMANING MUMBER PRESENT RATE ĒŽ AFTER MENDMENT ADD: RATE ADDI-TIONAL PREVIOUS Y EXTRA TIDNAL PAIDFOR Total prove usepa REE Minus ENDM FEE 20 OR C **CR** FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (07 OFR 1.1 4) OR TOTAL TOTAL ADD'L FEE OR 206 Æ (Column 1) (Calumn 2) (Column 3) CLAMS HIGHEST MUMBER 0 REMAINING PRESENT RATE ADDL 벌 AFTER RATE PREVIOUSLY EXTRA ADDI-FIONAL TIONAL AMENDMEN PAID FOR Æ Total professor 'Z do **OR** AMEN professional profe OR PREST PRESENTATION OF MARTIPLE DEPENDENT CLAM (AT ORR 1.14(4) 00 TOTAL TOTAL ADDIL FEE OR ADD'T FEE (Coturen 1) (Column 2) (Column 3) CLAIMS HICHEST MUMBER PREVIOUSLY REMAINING PRESENT -06 RATE ADDI-TIONAL AFTER RATE ADDI-TIDNAL EXTRA MENDMENT Ð PAID FOR FEE Total (27 CFR 1.1402) Minus AMENDM FEE OR OR FIRST PRESENTATION OF MULTIPLE DEPONDENT CLASM (37 CPR L.HEO) OR TOTAL ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IT THIS SPACE is less than 20, enter "O".

"If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1,16. The information is required to etialn or retain a benefit by the public which is to fife (and by the USP) to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPIO. There will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Crist Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO TRUS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.